

MINUTES OF JUNE 20, 2000
PARAMEDIC TASK FORCE MEETING
Ontario Airport Administration Bldg.
Ontario, CA

<u>MEMBERS PRESENT</u>	<u>EMSA STAFF PRESENT</u>	<u>ALTERNATES PRESENT</u>	<u>MEMBERS ABSENT</u>	<u>ALTERNATES ABSENT</u>
Debbie Becker Bill Bower Carol Gunter Jim Holbrook Jan Ogar Kathy Sher Sam Stratton Kevin White	Nancy Steiner Miranda Swanson Connie Telford	Mike Metro Nancy Eubanks (for Kevin Rittger) Frank Pratt	Dean Anderson Bill Cody Sabina Imrie Bill Koenig Marshall Morton Tony Pallitto Kevin Ritger	Jim Allen Linda Anderson Michael Harris Nancy Justin Dick Mayberry David Nevins

I Review and Approval of May 30, 2000 Meeting Minutes

The minutes were approved with no changes.

II Setting of the Agenda

There was a request to move the Statement on Scope of Practice discussion to be the first topic on the agenda.

III Statement on Scope of Practice

The Paramedic Task Force (PTF) began discussing the comments from constituent groups on the Statement on Scope of Practice. One item that was noted was that there was some confusion among the constituent groups about the intent of the document. Some of the comments reflected that some constituent groups thought the intent of the document was to limit the optional scope of practice. The PTF discussed that this was not the intent of the document, but rather to have a mandatory basic scope of practice and an optional scope of practice. Another comment discussed was that if there were a required basic scope of practice, how would a procedure or drug that is no longer considered an appropriate treatment be removed from the basic scope of practice in a timely manner. Regarding this issue the PTF discussed the recent example of discontinuing the use of the per trach device to use as a model for future changes in the basic scope of practice. There was also some discussion about the pros and cons of changing the language in the regulations to list classifications of drugs instead of specific drugs.

The PTF will review the comments on the Statement on Scope of Practice for the next meeting with the goal of responding to the comments. They will also look at the current language in regulations regarding scope of practice, trial studies and local optional scope of practice to see what modifications could be made to the language to achieve the goals discussed at the PTF meetings. Jan Ogar and Carol Gunter volunteered to work with Nancy Steiner on preparing responses to the comments on the Statement on Scope of Practice. The PTF will work as a group at the next meeting on proposed statutory/regulatory language changes.

IV Continuing Education

Nancy Steiner reported that San Diego County is developing a plan for assessing their medics over a period of time in knowledge and skills and that they will send her a copy for the PTF to look at as a model when it's finalized. Alameda County also has a similar plan that they are currently piloting that the PTF may also review.

The PTF continued discussion on continuing education (CE). Some of the discussion regarding CE and CQI included:

- Any CQI process should ensure competency, be non-punitive, and be educationally based.
- CE should include both competency based and enhanced training.
- The success of any CE program will depend on how well it solves the problems and deficiencies that occur in practice.
- Are the paramedics getting the job done right and is the system allowing them to get the job done right. It is important to evaluate the system.
- The maximum number of hours that can be claimed for any type of CE should be removed.
- We should require components of a meaningful CQI program.
- Would not agree to lifting the caps on certain types of CE unless there was some measurement tool that needs to be either in CE or CQI.
- There should be some kind of CQI policy, otherwise you'll have CE different in 32 LEMSAs jurisdictions. We need to be able to tailor it to each provider so that they can, through their CQI process, provide the CE needed, but we need some kind of measurement tools to make sure its done right, and we need some sort of oversight to oversee any problems that might arise and that has the ability to audit if necessary.
- The employers should be responsible for the competency of the paramedic that they employ.
- The requirement in regulations for provider agencies to have a CQI process in place is a start, but it doesn't give anybody any direction in how to set it up, what the components of a good vs bad one are, etc. Give the people a building block so they can develop a good process.
- We have an obligation to the citizenry to make sure that the system is doing the right thing, that when they call 911 that they're going to get a competent provider.
- If you pick a call every shift and debrief that call completely, medically, operationally, logistically, lead by someone that knows what they're talking about, I think you would have an awfully good group of medical practitioners using structured case reviews following a template.
- A system should be pro-active or preplanned, scenario based, with bench mark performance standards and with a core knowledge competency test.

Based on the discussion of the PTF, Nancy Steiner will draft language that will focus on core competency skills testing, scenario based skills testing and bench mark performance standards for review at the next meeting. Any suggestions for proposed language should be e-mailed to Nancy.

V Adjournment

The meeting adjourned at 4:10.

The next meeting will be August 8, 2000 in the north and the following meeting will be October 3, 2000 in the south. Location to be determined.